

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		10/1/00
O.I.P.E. CLASSIFIER		10	10-6-00
FORMALITY REVIEW	C.Y.C.	JC530	11-01-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet her

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TEST AVAILABLE COPY